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CONFIRMATION NO. 1614

SERIAL NUMBER 10/652,330	FILING or 371(c) DATE 08/29/2003 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. 13783US02
APPLICANTS Uri Elzur, Irvine, CA; Frankie Fan, Diamond Bar, CA; Steven B. Lindsay, Mission Viejo, CA; Scott S. McDaniel, Villa Park, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/477,279 06/10/2003 and claims benefit of 60/478,106 06/11/2003 and claims benefit of 60/408,617 09/06/2002 and claims benefit of 60/407,165 08/30/2002 and claims benefit of 60/456,265 03/20/2003 and claims benefit of 60/456,260 03/20/2003 and claims benefit of 60/410,022 09/11/2002 and claims benefit of 60/411,294 09/17/2002 and claims benefit of 60/408,207 09/04/2002 and claims benefit of 60/434,503 12/18/2002 and claims benefit of 60/419,354 10/18/2002 and claims benefit of 60/420,901 10/24/2002 and claims benefit of 60/439,951 01/14/2003 and claims benefit of 60/442,360 01/24/2003 and claims benefit of 60/425,959 11/12/2002 and claims benefit of 60/456,266 03/20/2003 and claims benefit of 60/437,887 01/02/2003 and claims benefit of 60/456,322 03/20/2003				
** FOREIGN APPLICATIONS *****				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/20/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/HIEU T HOANG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance HH Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 15	TOTAL CLAIMS 35
INDEPENDENT CLAIMS 4				
ADDRESS MCANDREWS HELD & MALLOY, LTD 500 WEST MADISON STREET SUITE 3400 CHICAGO, IL 60661				
TITLE System and method for network interfacing				
			<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees (Filing)	

FILING FEE RECEIVED 1104	FEES: Authority has been given in Paper	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.18 Fees (Issue)
	No. _____ for following:	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit